

**NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
ANIMAL POPULATION CONTROL PROGRAM**

SHELTER/POUND SURVEY OF STRAY ANIMAL INTAKE AND DISPOSITION

Reporting Year: _____

Reporting Shelter/Pound: _____

Address: _____
(Street)

(Town) (Zip Code)

Telephone Number: _____ County: _____

Shelter Manager: _____

Veterinarian in charge of disease control at shelter/pound: _____

Animal Intake Information: (Do not include animals brought in dead)

	Dogs	Cats	Other
a. Surrendered by Owner	_____	_____	_____
b. Stray, Impounded	_____	_____	_____
c. Total # transferred from other shelter/pound	_____	_____	_____
1. from out of state	_____	_____	_____
2. from within the state	_____	_____	_____
d. Other	_____	_____	_____
e. Total	_____	_____	_____

Annual disposition information:

a. Reclaimed by owner	_____	_____	_____
b. Adopted	_____	_____	_____
c. Euthanized	_____	_____	_____
d. Total # transferred to other shelter/pound	_____	_____	_____
1. within the state	_____	_____	_____
2. out of state	_____	_____	_____
e. Other (e.g. escaped, died at shelter, etc.)	_____	_____	_____
f. Total	_____	_____	_____

**SHELTER/POUND SURVEY OF STRAY ANIMAL INTAKE AND DISPOSITION
(Continued)**

Do you require adopted animals to be spayed or neutered?

☐ Yes

☐ No

If yes:

☐ females only or

☐ both males and females

Municipalities with which you have contracts and type of services provided
(Attach separate sheet, if necessary).

Municipality	County	Pick-Up	Holding	Impounding
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Report Prepared By (Print)		Title	
Signature		Date	